

|                                                                                                                                                        |                 |                                                                                                                                                   |          |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 163249</b>                                                                                                                                    |                 | <b>Due no later than Mar 31, 2017</b>                                                                                                             |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>"THE DIAMOND J", LLC<br>JEFFREY H RICHMOND<br>3059 N 3422 E<br>KIMBERLY ID 83341 |          | JEFFREY H RICHMOND<br>3059 N 3422 E<br>KIMBERLY ID 83341-8334 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                   |          | 3. <u>New</u> Registered Agent Signature:*                    |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                   |          |                                                               |         |                  |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                              | City     | State                                                         | Country | Postal Code      |  |
| MEMBER                                                                                                                                                 | MONA M RICHMOND | 3059 N 3422 E                                                                                                                                     | KIMBERLY | ID                                                            | USA     | 83341            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                 |          |                                                               |         |                  |  |
| <b>ID<br/>W 163249</b>                                                                                                                                 |                 | Signature: Mona Richmond                                                                                                                          |          |                                                               |         | Date: 02/26/2017 |  |
|                                                                                                                                                        |                 | Name (type or print): Mona Richmond                                                                                                               |          |                                                               |         | Title: Partener  |  |
| Processed 02/26/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                         |          |                                                               |         |                  |  |